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**** CONTINUING DATA *******

This application is a CIP of 09/904,412 07/12/2001 PAT 6,740,079

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** SMALL ENTITY ******** 10/30/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 38	TOTAL CLAIMS 64	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

Electrosurgical generator

FILING FEE RECEIVED 813	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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